

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 04 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L96574 (3)
 1. Corporation Name
SIESTA KEY MEDICAL SUPPLIES, INC.



Principal Place of Business 712 N. CASEY KEY OSPREY FL 34229 US	Mailing Address 712 N. CASEY KEY OSPREY FL 34229 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/21/1990	3a. Date of Last Report 03/21/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. PO Box 10429	26 Suite, Apt. #, etc. PO Box 10429
22 City & State SARASOTA	27 City & State SARASOTA
23 Zip 34278	28 Zip 34278
24 Country USA	30 Country USA

4. FEI Number 65-0214585	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**MORRIS, J Z
 712 N. CASEY KEY
 OSPREY FL 34239**

10. Name and Address of New Registered Agent

81 Name MORRIS, J. Z.
82 Street Address (P.O. Box Number is Not Acceptable) 1738 FLOYD ST.
83
84 City SARASOTA
85 Zip Code FL 34239

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPT <input type="checkbox"/> DELETE
NAME	MORRIS, J. Z.
STREET ADDRESS	712 N. CASEY KEY
CITY-ST-ZIP	OSPREY FL
TITLE	S <input type="checkbox"/> DELETE
NAME	MORRIS, J Z
STREET ADDRESS	712 N. CASEY KEY
CITY-ST-ZIP	OSPREY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MORRIS, J. Z.
1.3 STREET ADDRESS	1738 FLOYD ST.
1.4 CITY-ST-ZIP	SARASOTA - FL - 34239
2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MORRIS, J.Z.
2.3 STREET ADDRESS	1738 FLOYD ST.
2.4 CITY-ST-ZIP	SARASOTA - FL - 34239
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *MORRIS, J. Z.* DATE *7/27/97* (941) *712 N. CASEY KEY*

CR2E034 (4/97)